

**QUICK REFERENCE
COMPLEX MEDICAL ADD-ON (CMAO) CRITERIA and CODES**

CMAO requires specific frequency of documentation in the residents record refer to OAR 411-070-0091 for complete rule language.
See CMAO time line for submitting documentation.

CMAO CODE	PROFESSIONAL NURSING SERVICES	CONDITIONS FOR ELIGIBILITY	CMAO REQUIREMENTS IN RESIDENT RECORD	DOCUMENTS TO: cmao@dhs.state.or.us
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MEDICATION PROCEDURES

M-1	Administration of medications requiring professional nursing assessment and judgment.	<ul style="list-style-type: none"> ■ Service must be performed at least daily ■ M-1 NOT ELIGIBLE: <i>for routine medications, any oral medications including oral antibiotic or the infrequent adjustments of current medication</i> ■ M-5 NOT ELIGIBLE: <i>if resident can self-bolus</i> ■ M-7 NOT ELIGIBLE: <i>if resident can do own exchange</i> 	<ul style="list-style-type: none"> ■ Daily Nursing Note ■ TPN requires weekly nursing notes 	<ul style="list-style-type: none"> ■ Copy of Medical Order(s) ■ Completed CMAO report and summary
M-2	IV injections, infusions including TPN, and heparin locks.			
M-4	IM medications used for an unstable condition			
M-5	External infusion pumps			
M-6	Hypodermoclysis			
M-7	Peritoneal Dialysis			

REHABILITATION SERVICES

R-1	Physical, occupational, speech therapy	One therapy or a combination of therapies done at least five days per week	<ul style="list-style-type: none"> ■ Therapists notes ■ Weekly Nursing note related to rehabilitation services provided and therapy evaluation 	<ul style="list-style-type: none"> ■ Copy of Medical Order(s) ■ Completed CMAO report and summary ■ Copy of the therapy(ies) evaluation
R-2	Respiratory Therapy	At least five days per week		

SKIN / WOUND

S-1	Stage III or IV pressure ulcers	Stage III-IV treated aggressively with resolution expected. ELIGIBILITY ENDS: <i>the last day ulcer is visibly a Stage III</i>	<ul style="list-style-type: none"> ■ Weekly wound assessment and nursing notes 	<ul style="list-style-type: none"> ■ Copy of Medical Order(s) ■ Completed CMAO report and summary ■ S-1 requires treatment goal. Must specify whether or not wound is expected to resolve
S-2	Open Wounds (dehiscd surgical wound(s) not primarily closed)	Treated aggressively with resolution expected		
S-3	Deep or infected stasis ulcers	Tissue destruction equivalent to stage IV ulcer until resolved or returned to prior chronic status. ELIGIBILITY ENDS: <i>on the last day the ulcer is visually equivalent to Stage III</i> Stage III if infected. ELIGIBILITY ENDS: <i>for chronic Stage III or IV stasis ulcer eligible when no longer infected or returns to chronic Stage III or IV.</i>		

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TREATMENT PROCEDURES

T-1	N/G, G-Tube or J-Tube	Must occur at least daily for feeding.	<ul style="list-style-type: none"> ■ Daily Nursing Note ■ Tube feedings require weekly nursing notes 	<ul style="list-style-type: none"> ■ Copy of Medical Order(s) ■ Completed CMAO report and summary
T-2	Nasopharyngeal suctioning	At least twice a day		
	Tracheal suctioning	As needed. NOT ELIGIBLE: <i>if resident can maintain own airway</i>		
T-3	Percussion, postural drainage, AND aerosol treatments	All three must be performed at least b.i.d.		
T-4	Ventilator dependence	While in use		

OTHER

O-1	Professional teaching	Short term, daily teaching, according to discharge or self-care plan	<ul style="list-style-type: none"> ■ O-1 requires a teaching plan and weekly nursing notes ■ O-2 and O-3 require: <ul style="list-style-type: none"> ☞ nursing notes each shift; AND ☞ notification sent, via email the next business day following the event to cmao@dhs.state.or.us. ■ O-4 requires MAR/CBG record and daily nursing notes 	<ul style="list-style-type: none"> ■ Copy of Medical Order(s) ■ Completed CMAO report and summary ■ <i>O-1 requires an estimated date of discharge</i>
O-2	Emergent medical/surgical problems requiring short term professional nursing observation and assessment	Eligibility for the add-on will be until the resident no longer requires professional observation and assessment for this medical/surgical problem.		
O-3	Emergent behavioral problems: Sudden, unexpected change posing serious safety threat requiring immediate intervention, consultation and care plan.	Eligibility for the add-on will be until the resident no longer requires professional observation and assessment for the emergent condition.		
O-4	Unstable IDDM who requires sliding scale insulin and all three condition listed:	1) exhibits sign/symptoms of hypo or hyperglycemia; AND 2) requires nursing or medical interventions such as extra feeding, glucagon, or additional insulin, transfer to ER; AND 3) is having insulin dosage adjustments until condition stabilizes.		